

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Lesley L. Sears) Group:
Serial No.:)
Filed: June 23, 2003) Examiner:
Title: ADAPTABLE PERSONAL CARE)
PRODUCT FORMULATION METHOD)

INFORMATION DISCLOSURE STATEMENT

MS DD
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

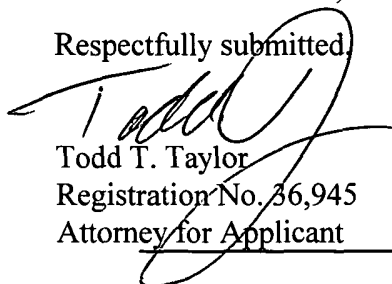
Sir:

Applicant wishes to bring to the attention of the Examiner the documents identified on the attached form PTO-1449. Applicant respectfully requests that these documents be made of record in the present application.

A copy of each of the documents is enclosed.

In the event Applicant has overlooked the need for a payment of fee, or additional payment of fee, or have overpaid a fee, Applicant hereby conditionally petitions therefor and authorizes that any charges or credits be made to Deposit Account No. 20-0095, TAYLOR & AUST, P.C.

Respectfully submitted,


Todd T. Taylor
Registration No. 36,945
Attorney for Applicant

TTT/ar

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Encs.: Form PTO-1449
Return Postcard

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MS DD, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: June 23, 2003.

Todd T. Taylor, Reg. No. 36,945

NAME OF REGISTERED REPRESENTATIVE


SIGNATURE

June 23, 2003
DATE

		ATTORNEY DOCKET NO.: ALR0001.US	SERIAL NO:
INFORMATION DISCLOSURE STATEMENT		APPLICANT: Leslie Sears	
		FILING DATE: June 23, 2003	GROUP:

U.S PATENT DOCUMENTS

Examiner Initial *		Document No.	Date	Name	Class	Subclass	Filing Date
	AA	2002/0082745	6/2002	Wilmott, et al.			October 1, 2001
	AB	6,402,120	6/2002	Swaab	249	117	July 28, 1999
	AC	5,971,351	10/1999	Swaab	249	117	September 5, 1997
	AD	6,338,349	1/2002	Robinson, et al.	132	200	December 17, 1999
	AE	6,470,232	10/2002	Parry	700	233	January 18, 2001
	AF	6,516,245	2/2003	Dirksing, et al.	700	233	May 31, 2000
	AG						
	AH						
	AI						
	AJ						
	AK						

FOREIGN PATENT DOCUMENTS

							Translation	
		Document No.	Date	Country	Class	Subclass	Yes	No
	AL							
	AM							
	AN							
	AO							
	AP							

OTHER REFERENCES (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)

EXAMINER:

DATE CONSIDERED:

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.